

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations	
(a) Name <u>U.S. Chamber of Commerce</u>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>1615 H Street N.W.</u>	2. FEC Identification Number <u>C30001101</u>
(c) City, State and ZIP Code <u>Washington, DC 20062</u>	
(d) Name of Employer or Principal Place of Business	(e) Occupation
<hr/>	
3. Is This Statement <input checked="" type="checkbox"/> New or Amended	4. Covering Period <u>09 29 2010</u> through <u>10 06 2010</u>
<hr/>	
5. (a) Date of Public Distribution(s) <u>10 06 2010</u> (b) Communication Title <u>Cost</u>	
<hr/>	
6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10) (d) <input checked="" type="checkbox"/> Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15 (e) Other, specify: _____	
<hr/>	
7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No	
<hr/>	
8. Custodian of Records	
(a) Name <u>Rob Engstrom</u>	
(b) Address (number and street) <u>1615 H Street NW</u>	
(c) City, State and ZIP Code <u>Washington, DC 20062</u>	
(d) Name of Employer or Principal Place of Business <u>U.S. Chamber of Commerce</u>	(e) Occupation <u>Vice President</u>
<hr/>	
9. Total Donations This Statement	
<hr/>	
10. Total Disbursements/Obligations This Statement <u>273,525.00</u>	

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Rob Engstrom	(b) Address (number and street) 1615 H Street NW	(c) City, State and ZIP Code Washington DC 20062	(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Vice President
<b>B.</b>	(a) Name Bill Miller	(b) Address (number and street) 1615 H Street NW	(c) City, State and ZIP Code Washington DC 20062	(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Senior Vice President
<b>C.</b>	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>D.</b>	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>E.</b>	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>OMM Media LLC</u>				<b>Date of Disbursement or Obligation</b> <u>09 ' 29 ' 2010</u>	
<b>Mailing Address of Payee</b> <u>3299 K Street NW Ste 200</u>				<b>Amount</b> <u>273,525.00</u>	
<b>City</b> <u>Washington DC</u>		<b>State</b> <u>DC</u>		<b>Zip Code</b> <u>20007</u>	
<b>Name of Employer</b> <u>Washington DC</u>		<b>Occupation</b> <u>20007</u>		<b>Communication Date</b> <u>10 ' 06 ' 2010</u>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>"Cost" TV Spot</u>					
<b>Name of Federal Candidate</b> <u>Earl Pomeroy</u>		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <u>ND</u> <b>District:</b> <u>AL</u>		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> 					
<b>Mailing Address of Payee</b> 				<b>Date of Disbursement or Obligation</b> 	
<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____				<b>Amount</b> 	
<b>Name of Employer</b> _____ <b>Occupation</b> _____				<b>Communication Date</b> 	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> 					
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ▶					
<b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 10)					
<u>273,525.00</u>					

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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N/A  
PREPARER

N/A  
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(5/2004)